



DIXIE
LAW GROUP, PSC

Pet Planning Worksheet

Dixie Highway Office
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St. Matthews Office
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Professional Tower, Suite 403
Louisville, KY 40207

Mt. Washington Office
207 S. Bardstown Road
Mt. Washington, KY 40047

This worksheet is designed to help you plan for your pet in a way that meets your estate planning goals for all your family members—including the furry ones! If possible, please return the completed worksheet along with a photo of your pet(s) to our office before your appointment. If you need additional space, please attach extra pages.

PERSONAL INFORMATION

Tell us about yourself.

Name: _____

Address: _____

Home phone: _____

Work phone: _____

Cell phone: _____

Email address: _____

PET INFORMATION

Tell us your pet's name and species (e.g., "Simon, cat").

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

CARETAKERS

Tell us about the person you want to take care of your pet(s)

First Choice Caretaker

Name: _____

Address: _____

Phone: _____

Email address: _____

Relationship: _____

Second Choice Caretaker

Name: _____

Address: _____

Phone: _____

Email address: _____

Relationship: _____

Third Choice Caretaker

Name: _____

Address: _____

Phone: _____

Email address: _____

Relationship: _____

INSTRUCTIONS FOR ROUTINE CARE

Tell us about the daily care of your pet(s).

INSTRUCTIONS FOR MEDICAL TREATMENT

Tell us about the routine medical treatment for your pet(s).

SPECIAL CONSIDERATIONS

Tell us more about your pet's favorite activities, favorite treats, and things that should be avoided due to fear or nervousness.

INSTRUCTIONS FOR END-OF-LIFE CARE

Tell us about the end-of-life care you would like for your pet(s).

COST OF CARE

	Monthly	Annually
Food		
Medication		
Grooming		
Veterinary Care		
Pet Health Insurance*		
Boarding/Pet Sitting		
Toys and Treats		
Compensation to Caretaker		
Other: _____		
Total		

**If you have pet health insurance, please complete the section below and include a copy of your pet's insurance card.*

Company: _____

Premium: _____

Coverage: _____

PROFESSIONALS

Veterinarian

Name: _____

Address: _____

Phone: _____

Email address: _____

Groomer

Name: _____

Address: _____

Phone: _____

Email address: _____

Boarding Facility or Pet Sitter

Name: _____

Address: _____

Phone: _____

Email address: _____

HOW DO YOU WANT TO LEAVE MONEY FOR YOUR PET?

Think about how you want the money you leave for your pet to be handled. This does not have to be your final decision; it is just an exercise to get you thinking.

- ☐ No money, only custody of the pet(s)
- ☐ A lump sum with custody of the pet(s)
- ☐ In a trust to be managed by a third party

[If using a trust]

WHAT SHOULD HAPPEN WITH ANY LEFTOVER MONEY?

Briefly describe what you would like to happen to any money remaining in your pet trust after your pet passes away. You may decide to leave it to other individuals named in your plan or to a charitable cause or animal rescue facility.
